

## REQUEST FOR FEDERAL FUNDS

School System \_\_\_\_\_

Date of This Report \_\_\_\_\_

Program \_\_\_\_\_

Project Number \_\_\_\_\_

Check One: ☐ Disbursements for Quarter Ending  
*or*  
☐ Revision of Prior Request

☐ **SEPTEMBER**    ☐ **DECEMBER**    ☐ **MARCH**    ☐ **JUNE**    **20**\_\_\_\_\_

### **LINE      PART I--DISBURSEMENTS**

**1**      ***Cumulative*** Funds Received on This Project \_\_\_\_\_

**2**      ***Less*** Cumulative Funds Disbursed \_\_\_\_\_

**3**      ***Less*** Funds Received for Unliquidated Payroll (Included on Line 1) \_\_\_\_\_

**4**      ***NET*** Funds Balance on This Project (Line 1 MINUS LINES 2 and 3) \_\_\_\_\_

### **PART II--FUNDS REQUESTED**

**5**      Unliquidated Obligations Other than Payroll \_\_\_\_\_

**6**      Plus Additional Funds (Explain Below) \_\_\_\_\_

**7**      ***LESS NET*** Funds Balance (Line 4) \_\_\_\_\_

**8**      ***Net Funds Requested*** (Line 5 Plus Line 6 Minus Line 7) \_\_\_\_\_

### **PART III--FUNDS REQUESTED BY MONTH**

**9**      Month of \_\_\_\_\_

**10**      Month of \_\_\_\_\_

**11**      Month of \_\_\_\_\_

**12**      **Total Funds Requested (Must be equal to or less than Line 8)** \_\_\_\_\_

**REMARKS, IF NECESSARY:**

\_\_\_\_\_  
**Signature of Superintendent, or Authorized Representative**

\_\_\_\_\_  
**Date**

## INSTRUCTIONS:

Please submit one copy of the **Request for Federal Funds Form** after the close of each quarter for each project approved under Title 1, NCLB, Part A, Migrant, Neglected or Delinquent; Title II-Part D, Educational Technology; Title II-Part A, Training and Recruitment; Title III, English Language Acquisition; Title IV, Safe and Drug Free Schools; Title V, Innovative Programs; Title VI, Rural and Low Income Schools; IDEA-Part B, including Preschool; and other applicable programs. Revised requests may be submitted as often as necessary.

**MAIL TO: OFFICE OF LOCAL DISBURSEMENTS**  
***6th Floor, Andrew Johnson Tower***  
***710 James Robertson Parkway***  
***Nashville, Tennessee 37243-0375***

Check either the box for **quarter ending report** or the box for **revision**. (Requests may be revised and submitted at any time.)

### **PART I: Disbursements (Report Actual Amounts; *DO NOT* estimate.)**

**Line 1** Report **Cumulative** funds received through date of report.  
**Line 2** **Subtract** cumulative amounts disbursed through date of report.  
**Line 3** **Subtract** funds received through date of report for unliquidated payrolls.  
**Line 4** **Net** Project Funds Balance (Line 1 Minus Line 2 Minus Line 3, if applicable).

### **PART II: Funds Requested (Estimated)**

**Line 5** Report amounts needed for unliquidated obligations **other than payroll**.  
**Line 6** Additional funds other than those obligated may be requested.  
Explanation of the amounts requested on this line must be made in the remarks section.  
**Line 7** The amount on this line is the same amount reported on Line 4.  
**Line 8** **Net Funds Requested** (Line 5 Plus Line 6, if applicable, Minus Line 7).

### **PART III: Funds Requested by Month**

**Line 9** Indicate on Line 9, 10, and 11 each month  
**Line 10** for which funds other than payroll are requested  
**Line 11** and the amounts requested for each month.  
**Line 12** The total amounts requested in Lines 9, 10, and 11.  
(The amount on this line must be equal to or less than Line 8.)

**REMARKS, IF NECESSARY:** You may use the remarks section for any explanation necessary. Please note, all amounts reported in Part II on Line 6 must be explained in the remarks section.